



County of Kings - Department of Public Health

Environmental Health Services Division

330 Campus Drive Hanford, CA 93230

Phone - 559-584-1411 Fax - 559-584-6040

Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FROZEN DEW AND SWEETS	BUSINESS PHONE: (559) 572-8678	RECORD ID#: PR0009919	DATE: September 13, 2022
FACILITY SITE ADDRESS: 1675 W LACEY BLVD F7A	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: NICOLAS & NENITA SANTUANGCO	CERTIFIED FOOD MANAGER: Antonia Banales	EXP DATE: 1/19/2023	INSPECTOR: Evelyn Elizalde

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Observed debris build up on floors throughout the dry storage area and three compartment sink. Please maintain clean to prevent vermin infestation.

General Comments:

The following was observed during today's inspection:

- Hand wash station had hot water, paper towels and soap.
- Observed small CO2 tanks to be chained and secure.
- Three compartment sink had hot water at 120 F.
- Observed nacho cheese temperature at warmer to be above 135 F.
- All food in dry storage area was above 6 inches above ground level.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Nicola S.

Received By:

Evelyn Elizalde

Agency Representative

NOTE: This report must be made available to the public on request



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FROZEN DEW AND SWEETS	BUSINESS PHONE: (559) 572-8678	RECORD ID#: PR0009919	DATE: February 11, 2021
FACILITY SITE ADDRESS: 1675 W LACEY BLVD F7A	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: NICOLAS & NENITA SANTUANGCO	CERTIFIED FOOD MANAGER: Jovi C Santuango	EXP DATE: 8/3/2021	INSPECTOR: Liliana Stransky - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: IMPROPER REHEATING PROCEDURES FOR HOT HOLDING [HSC 114016]

Description/Corrective Action: Reheat chili and cheese in the microwave to 165F before placing these items in the warmer unit. Do not use the warmer for reheating food.

Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Clean all work surfaces, counters, equipment and the mildew inside the ice machine. Keep work areas free of food debris. Fruit flies were present in the facility as a sign that deep cleaning and disinfection are needed. Cleaning steps should be done daily.

General Comments:

ROUTINE INSPECTION-

* Observed refrigeration temperatures below 41F.

* The hand washing station had soap, paper towels and hot water.

Correct the noted violations in a timely manner and keep all work areas clean.

Single operator was observed wearing face mask and shields are in place over the counters to limit customer contact. Thank you for continuing to follow the state guidelines during the pandemic.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Handwritten signature: JVS-ntg

Received By:

Liliana Stransky - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: FROZEN DEW AND SWEETS	BUSINESS PHONE: (559) 572-8678	RECORD ID#: PR0009919	DATE: February 08, 2019
FACILITY SITE ADDRESS: 1675 W LACEY BLVD F7A	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: NICOLAS & NENITA SANTUANGCO	CERTIFIED FOOD MANAGER: Jovi C Santuangco	EXP DATE: 8/3/2021	INSPECTOR: Liliana Stransky - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
 One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

Routine inspection -

- * Refrigeration units were noted below 41F.
- * The hand washing station had soap, paper towels and hot water available.
- * Observed no food preparation during the inspection.
- * Restroom facilities are maintained by mall staff.

Thank you.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

[Handwritten Signature]

Received By: _____

Liliana Stransky - REHS

 Agency Representative

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